

N05000009274

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

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**REGISTERED AGENT CHANGE
SUBSTANCE ABUSE COALITION OF COLLIER COUNTY, INC.**

Certificate of Status	1
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C. LEWIS

AUG 1 2014

EXAMINER

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT BOTH FOR CORPORATIONS

H14000181048 3

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Substance Abuse Coalition of Collier County, Inc.
2. The principal office address: 5775 OSCEOLA TRAIL NAPLES, FL 34109
3. The mailing address (if different): P.O. BOX 770759 NAPLES, FL 34107

4. Date of incorporation/qualification: 09/09/2005 Document number: N05000009274

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jeanne L. Seewald, Esq.

800 Laurel Oak Drive, Suite 600

Naples, FL 34108

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

HL Statutory Agent, Inc.

5811 Pelican Bay Boulevard, Suite 650

P.O. Box NOT acceptable

Naples, FL 34108

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Melanie Black
Signature of an officer or director

Melanie Black
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Jeanne L. Seewald
Signature of Registered Agent

7-30-14
Date

If signing on behalf of an entity:

Jeanne L. Seewald

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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